



ARCHITECT AND LICENSEE'S AFFIDAVIT

(Check Appropriate Facility Type)

- ☐ Hospital¹ ☐ Clinic² ☐ Dialysis Facility³
☐ Hospital Satellite¹ ☐ Clinic Satellite² ☐ Long Term Care Facility⁴

The undersigned **Architect** hereby certifies:

1. The Architect has created the architectural plans and specifications attached hereto as Attachment 1 (the "plans") regarding physical plant improvements at the facility named below:

Facility's Licensed Name or Proposed Name Address City/Town Zip Code

Hospital or Clinic Satellite Name (If Applicable) Address City/Town Zip Code

Brief Project Description

2. The Architect has reviewed all submitted plans against regulations outlined in the applicable Massachusetts Department of Public Health Licensure Regulations ¹105 CMR 130.000, ²105 CMR 140.000, ³105 CMR 145.000, ⁴105 CMR 150.000 & 151.000 and the applicable sections of the ^{1/2/3} 2006 Edition of the *Guidelines for Design and Construction of Health Care Facilities*, as appropriate to the facility type.
3. To the undersigned's knowledge, information and belief, all submitted plans meet the requirements of the above referenced codes and regulations in all material aspects, except for the non-conforming items for which waivers are requested (please list regulation numbers below and attach a completed waiver form for each item):

Architectural Firm Name: _____

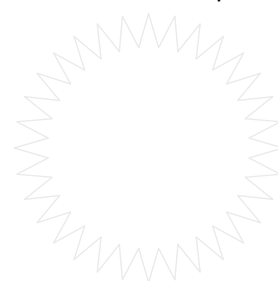
Architect's Stamp

Architect's Signature: _____

Name: _____

Title: _____

Initial Date: _____ Revision Dates: _____



4. The undersigned **Licensee/Proposed Licensee** understands and agrees that notwithstanding the plan approval self-certification or abbreviated review process undertaken pursuant to this and the accompanying documents, the Division of Health Care Quality of the Department of Public Health (the "Division") shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto.
5. The facility named below shall have a continuing obligation to make any changes required by the Division to comply with the above mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Facility Name: _____	Authorized Signature: _____
Address: _____	Name: _____
	Title: _____
Date: _____	Witness Signature: _____

Note: The Affidavit must be submitted on printed form with original signatures (no photocopies).